

Official Form 106Sum

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Summary o	A Vour	Accate an	d Liabilities	and Cartain	Statistical Inform	mation
Summary C	JI TOUL	ASSELS AL	u Liauiiiues	anu Certain	Statistical Inflori	Hation

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

amended filing

12/15

Best Case Bankruptcy

Par	t 1888 Summarize Your Assets		
		Your as Value o	ssets f what you own
1∉	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	. \$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	. \$	13,235.00
	1c. Copy line 63, Total of all property on Schedule A/B	. \$	13,235.00
Par	t 2: Summarize Your Liabilities		
		Your lia	bilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	17,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,569.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	52,596.00
	Your total liabilities	\$	72,165.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,141.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,786.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of	our other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the the court with your other schedules.	is box and s	ubmit this form to
Off	icial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	р	age 1 of 2

Case 2:20-bk-00864-BKM Doc 15 Filed 01/24/20 Entered 01/27/20 13:12:46 Desc Main Document Page 1 of 35 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,610.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,569.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	8,023.00
9e. Obligations arising out of a separation agreement or divorce that you did not report a priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	10,592.00

Fill in this inform	ation to identify your cas	e and this filing:			
Debtor 1	MISHELL RIVERA				
Dahtar 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the: DIS	TRICT OF ARIZONA			
Case number					☐ Check if this is an
					amended filing
Official For	m 106A/B				
	A/B: Proper	tv			12/15
t fits best. Be as co more space is neede	mplete and accurate as possi d, attach a separate sheet to	s. List an asset only once. If an a ble. If two married people are filin his form. On the top of any additi	g together, both are equally onal pages, write your name	responsible for supplying	correct information. If
Part 1: Describe E	ach Residence, Building, Lan	d, or Other Real Estate You Own o	or Have an Interest In		
l. Do you own or ha	ve any legal or equitable inter	est in any residence, building, lan	d, or similar property?		
No. Go to Part 2	2.				
☐ Yes. Where is	the property?				
Part 2: Describe Y	our Vehicles				
Model: A	ISSAN LTIMA	Who has an interest in the p	roperty? Check one	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
Year: 20 Approximate	017 mileage: 55,000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	<i>l</i>	Current value of the entire property?	Current value of the portion you own?
Other informa	ation:	At least one of the debtors	and another		
		Check if this is commun.	ty property	\$12,000.00	\$12,000.00
Examples: Boats No Yes Add the dollar pages you have	value of the portion you or attached for Part 2. Writour Personal and Household	and other recreational vehicle watercraft, fishing vessels, snoother that number here	wmobiles, motorcycle ac	entries for	\$12,000.00 Current value of the
-	· · · ·	•	-		portion you own? Do not deduct secured claims or exemptions.

Schedule A/B: Property

page 1

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Best Case Bankruptcy

D	ebtor 1	MISHELL RI	VERA	Case number (if known)	
6.		o ld goods and t es: Major appliar	furnishings nces, furniture, linens, china, kitchenware		
		Describe			
			1 BED 150.00, 1 TV 75.00		\$225.00
-					
7.	_	s: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, phones, cameras, media players, games	printers, scanners; music coll-	ections; electronic devices
	■ No □ Yes.	Describe			
8.			figurines; paintings, prints, or other artwork; books, pictures, or othons, memorabilia, collectibles	ner art objects; stamp, coin, o	r baseball card collections;
	■ No □ Yes.	Describe			
9.		ent for sports a es: Sports, photo musical instri	graphic, exercise, and other hobby equipment; bicycles, pool table	s, golf clubs, skis; canoes and	d kayaks; carpentry tools;
	No Yes.	Describe			
10			s, shotguns, ammunition, and related equipment		
	No Yes.	Describe			
11	Clothes Examp		othes, furs, leather coats, designer wear, shoes, accessories		
	0-0	Describe			
			CLOTHES		\$200.00
12	. Jewelry				
			welry, costume jewelry, engagement rings, wedding rings, heirloom	ı jewelry, watches, gems, gold	d, silver
	Yes.	Describe			
			COSTUME JEWELRY		\$10.00
13.	Example No	m animals les: Dogs, cats,	birds, horses		
14.			d household items you did not already list, including any healt	th aids you did not list	
	■ No □ Yes.	Give specific inf	ormation		
4.5		o dallar value	of all of your antico from Dort 2 including our autrice for your		
15			of all of your entries from Part 3, including any entries for page number here	es you have attached	\$435.00
Pá	art 4: Des	cribe Your Financ	cial Assets	N	
D	o you ow	n or have any le	egal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured

Schedule A/B: Property

Debtor 1	MISHELL RIVERA	Case number (if known)
		claims or exemptions.
■ No		me, in a safe deposit box, and on hand when you file your petition
	sits of money inples: Checking, savings, or other financial acco institutions. If you have multiple accounts	ounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar with the same institution, list each.
V ====	S	Institution name:
	17.1. Checking	\$300.00
Exan	ls, mutual funds, or publicly traded stocks inples: Bond funds, investment accounts with bro	okerage firms, money market accounts
■ No □ Yes	Institution or issuer r	name:
	oublicly traded stock and interests in incorpo joint venture	orated and unincorporated businesses, including an interest in an LLC, partnership,
☐ Yes	Give specific information about them Name of entity:	% of ownership:
Nego Non-i No	rnment and corporate bonds and other nego stiable instruments include personal checks, cas negotiable instruments are those you cannot trans. Give specific information about them Issuer name:	hiers' checks, promissory notes, and money orders.
	ement or pension accounts nples: Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension or profit-sharing plans
Yes	: List each account separately. Type of account:	Institution name:
	401(k)	\$500.00
Your Exam		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others
■ No □ Yes		Institution name or individual:
■ No	ities (A contract for a periodic payment of mone	y to you, either for life or for a number of years)
	sts in an education IRA, in an account in a qu S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition program.
	Institution name and description	. Separately file the records of any interests.11 U.S.C. § 521(c):
25. Trusts	s, equitable or future interests in property (of	ther than anything listed in line 1), and rights or powers exercisable for your benefit
1112211111	. Give specific information about them	

Schedule A/B: Property

De	ebtor 1	MISHELL RIVERA Cas	se number (if known)	
26.	Examp	s, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing agreements		
	■ No □ Yes.	Give specific information about them		
27.		es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liquor licenses	s, professional licenses	
		Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.		unds owed to you		
	■ No □ Yes. 0	Give specific information about them, including whether you already filed the returns and	the tax years	
	■ No	support les: Past due or lump sum alimony, spousal support, child support, maintenance, divorce Give specific information	settlement, property se	ettlement
	Example No	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation p benefits; unpaid loans you made to someone else	ay, workers' compensa	ation, Social Security
	☐ Yes.	Give specific information		
31.		s in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, homeowner	's, or renter's insurance	
	2000	Name the insurance company of each policy and list its value. Company name: Beneficiary:		Surrender or refund value:
32.	If you a	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy, or are cur ne has died.	rrently entitled to receive	e property because
	☐ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or made a demand for es: Accidents, employment disputes, insurance claims, or rights to sue	r payment	
	☐ Yes.	Describe each claim		
	■ No	ontingent and unliquidated claims of every nature, including counterclaims of the	debtor and rights to se	et off claims
		Describe each claim		
	■ No	ancial assets you did not already list Give specific information		
	. Add th	ne dollar value of all of your entries from Part 4, including any entries for pages you rt 4. Write that number here		\$800.00
Pa		cribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part		

page 4

Official Form 106A/B

Desc

Schedule A/B: Property

Deb	tor 1 MISHELL RIVERA		Case number (if known)	
	o you own or have any legal or equitable interest in any business-related No. Go to Part 6.	I property?		
	Yes. Go to line 38.			
Part	Describe Any Farm- and Commercial Fishing-Related Property You (If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interest	In.	
46. C	Oo you own or have any legal or equitable interest in any farm-	or commercial fishing	ng-related property?	
	No. Go to Part 7.			
ļ	Yes. Go to line 47.			
Part	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Do you have other property of any kind you did not already list' Examples: Season tickets, country club membership I No I Yes. Give specific information	?		
	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	List the Totals of Each Part of this Form		,	
	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$12,000.00		
57.	Part 3: Total personal and household items, line 15	\$435.00		
58.	Part 4: Total financial assets, line 36	\$800.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$13,235.00	Copy personal property total	\$13,235.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$13,235.00

Schedule A/B: Property

Fill in this infor	mation to identify your	case:		
Debtor 1	MISHELL RIVERA			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF ARIZON	4	
Case number (if known)				Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	art 1: Identify the Property You Claim as	Exempt								
1	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption						
	2017 NISSAN ALTIMA 55,000 miles Line from Schedule A/B: 3.1	\$12,000.00		\$0.00	Ariz. Rev. Stat. § 33-1125(8)					
	Line from Schedule AVB. 3.1			100% of fair market value, up to any applicable statutory limit						
	1 BED 150.00, 1 TV 75.00 Line from Schedule A/B: 6.1	\$225.00		\$225.00	Ariz. Rev. Stat. § 33-1123					
	Line Holl Schedule /VB. G. 1			100% of fair market value, up to any applicable statutory limit						
	CLOTHES Line from Schedule A/B: 11.1	\$200.00		\$200.00	Ariz. Rev. Stat. § 33-1125(1)					
	Line Holli Gunedale A.B. 11.1			100% of fair market value, up to any applicable statutory limit						
	COSTUME JEWELRY Line from Schedule A/B: 12.1	\$10.00		\$10.00	Ariz. Rev. Stat. § 33-1125(4)					
	Line Holff Schedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit						
	Checking: Line from Schedule A/B: 17.1	\$300.00		\$300.00	Ariz. Rev. Stat. § 33-1126(A)(9)					
	Line nom Scredule Arb. 11.1			100% of fair market value, up to any applicable statutory limit	33-1120(A)(3)					

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Debtor 1	MISHELL RIVERA		Case number (if known)			
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption	
		Copy the value from Schedule A/B				
	(k): e from Schedule A/B: 21.1	\$500.00		\$500.00	Ariz. Rev. Stat. § 33-1126(B)	
Little	e nom <i>Schedule AVD</i> . 21. I			100% of fair market value, up to any applicable statutory limit		
	you claiming a homestead exemption bject to adjustment on 4/01/22 and even			iled on or after the date of adjustme	ent.)	
	No					
	Yes. Did you acquire the property cover	ered by the exemption w	ithin 1	,215 days before you filed this case	∍?	
	□ No					
	☐ Yes					

Fill	in this information to i	dentify your cas	se:				
Del		LL RIVERA	Middle No.				
Det	First Name	÷	Middle Name	Last Name			
	use if, filing) First Name	9	Middle Name	Last Name			
Uni	ted States Bankruptcy Co	ourt for the:	ISTRICT OF ARIZONA	1			
Cas	se number						
(if kn	lown)						if this is an ded filing
Off	icial Form 106D						
	hedule D: Cre	ditors W	ho Have Clai	ms Secured	by Property	/	12/15
	s complete and accurate as ed, copy the Additional Pag						
	any creditors have claims	secured by your	property?				
	☐ No. Check this box ar			ır other schedules. Yo	u have nothing else t	o report on this form.	
	Yes. Fill in all of the in		•		•		
Date			•				
	List All Secured of stall secured of stall secured claims. If a co		an ana ana mad alaim. Iiak i	ika ayaditay agamayatılı, fac	Column A	Column B	Column C
each	of all secured claims. If a claim. If more than one cre- ossible, list the claims in alph	ditor has a particul	ar claim, list the other credi	tors in Part 2. As much	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	EXETER FINANCE	CORP Des	cribe the property that se	cures the claim:	\$17,000.00	\$12,000.00	\$5,000.00
	Creditor's Name	201	7 NISSAN ALTIMA	55,000 miles			
	DO DOV 400007		f the date you file, the cla	im is: Check all that			
	PO BOX 166097 Irving, TX 75016	apply	Contingent				
	Number, Street, City, State & Z		Inliquidated				
	Nombor, Greek, Only, Grate & 2		Disputed				
Who	owes the debt? Check o		ure of lien. Check all that	apply.			
	Debtor 1 only	III A	in agreement you made (si	uch as mortgage or secur	ed		
	Debtor 2 only		car loan)				
	Debtor 1 and Debtor 2 only		statutory lien (such as tax lie	en, mechanic's lien)			
	at least one of the debtors and	d another 🔲 J	udgment lien from a lawsui	t			
	Check if this claim relates to community debt	oa 🗆 C	Other (including a right to of	fset)			
Date	debt was incurred 06/0	01/18	Last 4 digits of accoun	t number 1885			
	ld the dollar value of your e		. •		\$17,000	0.00	
	his is the last page of your rite that number here:	form, add the do	lar value totals from all p	ages.	\$17,000	0.00	
Par	2: List Others to Be I	Notified for a D	ebt That You Already I	Listed			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill in thi	s information to identify yo	ur case:						
Debtor 1	MISHELL RIVE	RA						
D-1-10	First Name	Middl	le Name	Last Nam	e			
Debtor 2 (Spouse if, fi	iling) First Name	Middl	le Name	Last Nam	e			
United St	ates Bankruptcy Court for the	: DISTRIC	T OF ARIZONA					
(if known)	nber						☐ Check	if this is an
			- (1)				amend	ded filing
Official	Form 106E/F							
	ule E/F: Creditors	Who Hav	ve Unsecur	red Claim	S			12/15
any execute Schedule G D: Creditor the Continu number (if I		es that could re xpired Leases (Property. If mo nave no informa	esult in a claim. Als (Official Form 1060 ore space is neede ation to report in a	so list executor 3). Do not included, copy the Part	y contracts le any credi you need, f	on Schedule A/B: Pr tors with partially se ill it out, number the	operty (Official Form cured claims that are entries in the boxes	106A/B) and on elisted in Schedule on the left. Attach
Part 1:	List All of Your PRIORITY							
'	y creditors have priority unsecu . Go to Part 2.	red ciainis aga	inst your					
Ye:								
2. List al identify possib	or. I of your priority unsecured clain what type of claim it is. If a claim le, list the claims in alphabetical o ore than one creditor holds a parti	has both priority rder according to	y and nonpriority am o the creditor's nam-	nounts, list that clue. If you have me	aim here and	d show both priority ar	d nonpriority amounts	. As much as
(For ar	n explanation of each type of claim	n, see the instruc	ctions for this form in	n the instruction	oooklet.)	Total claim	Priority amount	Nonpriority amount
	NTERNAL REVENUE SEI	RVICE	Last 4 digits of ac	ccount number	1885	\$2,569.00	\$2,569.00	\$0.00
	riority Creditor's Name O BOX 21126		When was the de	bt incurred?	12-31-0	8		
	hiladelphia, PA 19114 umber Street City State Zip Code		As of the date you	u file the claim	is: Check ali	I that annly	-	
	incurred the debt? Check one.		Contingent	u me, me ciami	is. Officer an	тиат арріу		
 D	ebtor 1 only		Unliquidated					
□ D	ebtor 2 only		☐ Disputed					
Пρ	ebtor 1 and Debtor 2 only		Type of PRIORITY	Y unsecured cla	im:			
□ A	t least one of the debtors and ano	ther	☐ Domestic supp	ort obligations				
□с	heck if this claim is for a comm	nunity debt	Taxes and cert	tain other debts v	ou owe the	government		
Is the	e claim subject to offset?		Claims for deat					
■ N			☐ Other. Specify					
□ Y	es			PERSONA	LINCOM	E TAX		
	0							
	List All of Your NONPRIOR							
3. Do any	y creditors have nonpriority uns	secured claims	against you?					
□ No.	. You have nothing to report in this	s part. Submit th	is form to the court	with your other s	chedules.			
Ye:	S.							
claim,	I of your nonpriority unsecured list the creditor separately for each or holds a particular claim, list the	n claim. For eacl	h claim listed, identi	ify what type of c	aim it is. Do	not list claims aiready	included in Part 1. If n t the Continuation Pag	nore than one

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 9

Debtor	1 MISHELL RIVERA		Case number (if known)			
4.1	A SPEEDY CASH CAR TITLE LOANS	Last 4 digits of account number	6338	\$151.00		
	Nonpriority Creditor's Name PO BOX 780408	When was the debt incurred?	06/20/18	-		
	Wichita, KS 67278 Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	■ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify CREDIT				
4.2	AAA AUTO TITLE LOANS DBA CASH 1	Last 4 digits of account number	72SC	\$2,801.00		
	Nonpriority Creditor's Name 725 E COVEY LANE, SUITE 170 Phoenix, AZ 85024	When was the debt incurred?	11/12/19			
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	■ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	I claim:			
	\square At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other, Specify CREDIT	-			
4.3	AD ASTRA RECOVERY SVS	Last 4 digits of account number	1885	\$7,561.00		
	Nonpriority Creditor's Name 7330 W 33RD STREET N Wichita, KS 67205	When was the debt incurred?	05/01/19			
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured				
	\square At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify CREDIT				

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 9

ADVANCED RETINA AND EYE CANCER CTR	Last 4 digits of account number	3807	\$177.00			
Nonpriority Creditor's Name 19820 N 7TH ST SUITE 120	When was the debt incurred?	06/01/18				
Phoenix, AZ 85024						
Number Street City State Zip Code	As of the date you file, the claim i					
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only	Unliquidated					
Debtor 2 only	☐ Disputed					
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:				
At least one of the debtors and another	☐ Student loans					
Check if this claim is for a community debt	Obligations arising out of a sepa report as priority claims	rration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
□ Yes	Other. Specify CREDIT					
ALCOA BILLING CENTER	Last 4 digits of account number	6901	\$811.00			
Nonpriority Creditor's Name 3429 REGAL DR	When was the debt incurred?	07/01/18				
Alcoa, TN 37701 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only	_					
Debtor 2 only	Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
At least one of the debtors and another	☐ Student loans	a didiii.				
Check if this claim is for a community debt	Obligations arising out of a sepa report as priority claims					
■ No	☐ Debts to pension or profit-sharin					
Yes	Other. Specify EMERGEN	Other. Specify EMERGENCY GROUP OF ARIZONA				
APS	Last 4 digits of account number	3586	\$471.00			
Nonpriority Creditor's Name PO BOX 2906	When was the debt incurred?	08/01/19	V 47.11.00			
Phoenix, AZ 85062 Number Street City State Zip Code	As of the date you file, the claim i	e. Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	Contingent					
Debtor 2 only	Unliquidated					
Debtor 1 and Debtor 2 only	Disputed	d claim:				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured Student loans	ı Gann.				
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing plans, and other similar debts					
□ Yes	Other Specify CREDIT					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 9

ASSURED FINANCIAL PARTNERS Nonpriority Creditor's Name	Last 4 digits of account number	0927	\$686.00
420 N MCKINLEY SUITE 111-624 Corona, CA 92879	When was the debt incurred?	10/30/19	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent		
Debtor 1 only	■ Unliquidated		
☐ Debtor 2 only	☐ Disputed		
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
☐ At least one of the debtors and another	☐ Student loans		
☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other Specify ONE FINAN	NCIAL	
BHFC FINANCIAL SVS	Last 4 digits of account number	2498	\$6,404.00
Nonpriority Creditor's Name 3320 W CHERYL DR STE B120 Phoenix, AZ 85051	When was the debt incurred?	05/01/18	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent		
Debtor 1 only	Unliquidated		
Debtor 2 only	☐ Disputed		
☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
☐ At least one of the debtors and another	☐ Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify CREDIT		
COMMONWEALTH FINANCIAL	Last 4 digits of account number	UNTS	\$1,725.00
Nonpriority Creditor's Name 245 MAIN STREET	When was the debt incurred?	04/01/19	
Scranton, PA 18519 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent		
Debtor 1 only			
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:	
☐ At least one of the debtors and another	Student loans	ı ciann.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other Specify MEDICAL		

Debto	r 1 MISHELL RIVERA		Case number (if known)	
4.10	COX COMMUNICATIONS	Last 4 digits of account number	1885	\$700.00
	Nonpriority Creditor's Name PO BOX 7230 Overland Park, KS 66207	When was the debt incurred?	05/01/17	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	■ Unliquidated		
	Debtor 2 only			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify CREDIT		
4.11	HONORHEALTH PHYSICIAN NETWORK BILLING	Last 4 digits of account number	9094	\$237.00
	Nonpriority Creditor's Name PO BOX 845641	When was the debt incurred?	07/23/18	
	Los Angeles, CA 90084	Wildli Was the debt mounta.	07123710	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	Unliquidated		
	Debtor 2 only	☐ Disputed		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	f claim:	
	☐ At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharin		
	☐ Yes			
	□ Yes	Other. Specify CREDIT		
4.12	JEFFERSON CAPITAL SYST Nonpriority Creditor's Name	Last 4 digits of account number	9651	\$440.00
	16 MCCLELAND RD Saint Cloud, MN 56395	When was the debt incurred?	06/01/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	Unliquidated		
	Debtor 2 only			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPR!ORITY unsecured	l claim:	
	☐ At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify FINGERHU	т	

Debtor	1 MISHELL RIVERA	Case number (if known)						
4.13	MDIG OF ARIZONA Nonpriority Creditor's Name	Last 4 digits of account number	7557	\$721.00				
	PO BOX 98051 Las Vegas, NV 89193	When was the debt incurred?	06/01/18					
	Number Street City State Zip Code	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	Debtor 1 only	Unliquidated						
	Debtor 2 only	☐ Disputed						
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:					
	At least one of the debtors and another	☐ Student loans						
	☐ Check if this claim is for a community debt is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify CREDIT						
4.14	MEDICAL PAYMENT DATA	Last 4 digits of account number	5992	\$336.00				
	Nonpriority Creditor's Name PO BOX 310 Scottsdale, AZ 85252	When was the debt incurred?	05/01/18					
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	Debtor 1 only	Unliquidated						
	☐ Debtor 2 only	☐ Disputed						
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:					
	☐ At least one of the debtors and another	☐ Student loans	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims						
	■ No	Debts to pension or profit-sharing						
	☐ Yes	Other. Specify MEDICAL						
4.15	NATIONAL CREDIT SYSTEMS	Last 4 digits of account number	5178	\$2,812.00				
	Nonpriority Creditor's Name PO BOX 312125 Atlanta, GA 31131-2125	When was the debt incurred?	06/01/17					
-	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	Debtor 1 only	Unliquidated Disputed						
	Debtor 2 only							
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:						
	At least one of the debtors and another	☐ Student loans						
	☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	Other. Specify ULTIMATE	PROPER					

NORTH SHORE AGENCY	Last 4 digits of account number	2682	\$6.00			
Nonpriority Creditor's Name 270 SPAGNOLI ROAD SUITE 110	When was the debt incurred?	06/25/19				
Melville, NY 11747 Number Street City State Zip Code	As of the data you file the claim i					
Who incurred the debt? Check one.	As of the date you file, the claim i	s. Спеск ан шаг арру				
■ Debtor 1 only	Contingent					
Debtor 2 only	Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed	d alaba.				
At least one of the debtors and another	Type of NONPRIORITY unsecured Student loans	a ciaim:				
☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts				
Yes	Other Specify PUBLISHE	RS CLEARING HOUSE				
ONE FINANCIAL	Last 4 digits of account number	2410	\$686.00			
Nonpriority Creditor's Name 3380 W SIERRA AVE #104-384 Riverside, CA 92503	When was the debt incurred?	10/30/19				
umber Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only	Unliquidated					
Debtor 2 only	☐ Disputed					
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d cłaim:				
At least one of the debtors and another	☐ Student loans					
Check if this claim is for a community debt the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing					
Yes	Other. Specify CREDIT					
THUNDERBIRD COLLECTIONS	Last 4 digits of account number	3800	\$12,157.00			
Nonpriority Creditor's Name 3200 N HAYDEN RD STE 100	When was the debt incurred?	06/01/18				
Scottsdale, AZ 85251 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only	Unliquidated					
Debtor 2 only	☐ Disputed					
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:				
At least one of the debtors and another	☐ Student loans					
☐ Check if this claim is for a community debt is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	Other. Specify SW AUTO	FINANCE				

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 MISHELL RIVERA		Case number (if known)	
4.19	US COLLECTIONS WEST INC Nonpriority Creditor's Name	Last 4 digits of account number	8016	\$5,559.00
	PO BOX 39695	When was the debt incurred?	05/01/18	_
	Phoenix, AZ 85069 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify RIVERWO	OD APTS	_
4.20	US DEPT OF EDUCATION	Last 4 digits of account number	1098	\$8,023.00
Lizzi s	Nonpriority Creditor's Name	-		40,020.00
	PO BOX 105028 Atlanta, GA 30348	When was the debt incurred?	12/26/13	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	Contingent		
	Debtor 1 only	Unliquidated		
	Debtor 2 only	Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify		-
		CREDIT		
4.21	WELLS FARGO CARD SERVICES Nonpriority Creditor's Name	Last 4 digits of account number	4866	\$132.00
	PO BOX 14517	When was the debt incurred?	03/01/19	
	Des Moines, IA 50306 Number Street City State Zip Code	As of the date you file, the claim	ins Charle all that apply	
	Who incurred the debt? Check one.	-	в. Спеск ан шат арріу	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	d status.	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	a ciaim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify CREDIT		-
	Turner of Briefly Aller of Black	TI (V A)		
Part 3:				
trying more t	is page only if you have others to be notified abou to collect from you for a debt you owe to someon than one creditor for any of the debts that you liste ebts in Parts 1 or 2, do not fill out or submit this pa	e else, list the original creditor in Pa ed in Parts 1 or 2, list the additional	rts 1 or 2, then list the collection agency he	re. Similarly, if you have
Part 4:	Add the Amounts for Each Type of Unse	ecured Claim		
	the amounts of certain types of unsecured claims. secured claim.	This information is for statistical re	porting purposes only. 28 U.S.C. §159. Add	the amounts for each type
	6a. Domestic support obligations		Total Claim 6a. \$	
Official	•	ElE: Cuaditara Mila Dave Dua		== ===================================
Official Fo	orm 106 E/F Schedule	e E/F: Creditors Who Have Unsecure	ed Claims	Page 8 of 9

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				0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,569.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,569.00
	6f.	Student loans	6f.	\$ Total Claim 8,023.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 44,573.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 52,596.00

Fill in th	nis infor	mation to identify your	case:			
Debtor 1	1	MISHELL RIVERA	1			
D.		First Name	Middle Nan	ne	Last Name	
Debtor 2 (Spouse if,		First Name	Middle Nan	ne	Last Name	
United S	States Ba	inkruptcy Court for the:	DISTRICT OF	F ARIZONA		
		maruptoy occurrent and.				
Case nu	ımber					Check if this is an
,						amended filing
Offici	al Fo	rm 106G				
			Contra	cts and H	nexpired Leases	40145
						12/15
be as co informat	implete a ion. If m	ore space is needed, o	opy the addition	onal page, fill it o	ing together, both are equally res ut, number the entries, and attac	h it to this page. On the top of any
		, write your name and				
1. Do :	vou have	e any executory contra	cts or unexpire	ed leases?		
	•		· · · · · · · · · · · · · · · · · · ·		schedules. You have nothing else t	to report on this form.
					s are listed on Schedule A/B:Prope	
2 Lint		alv acab parcan or cor	nnany with wh	om vou have the	contract or lesson. Then etate who	at each contract or loses is for /for
						at each contract or lease is for (for more examples of executory contracts
		ed leases.	,			
Pei	rson or o	company with whom ye			State what the contract or lea	ase is for
0.4		Name, Number, Street, City	, State and ZIP Code			
2.1 N	ame					
N	umber	Street				
	ity		State	ZIP Code		
2.2	rty	· · · · · · · · · · · · · · · · · · ·	Otate	211 0000		
N	ame					
N	umber	Street				
С	ity		State	ZIP Code		
2.3						
N	ame					
KI	umber	Street				
N	unibel	Street				
	ity		State	ZIP Code		
2.4	ama					
N	ame					
N	umber	Street				
2.5	ity		State	ZiP Code		
	ame					
14						
N	umber	Street				
- 6	ta		Ctata	ZID Code		
C	ity		State	ZIP Code		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in this	information to identify your	case:	i niabr	
Debtor 1	MISHELL RIVERA	1	-	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing	ng) First Name	Middle Name	Last Name	
United Sta	tes Bankruptcy Court for the:	DISTRICT OF ARIZONA		
Case numl	ber			
(if known)				☐ Check if this is an amended filing
Off: -: -	L = 40CL			•
	l Form 106H I ule H: Your Cod	obtoro		
Scried	ule n. Your Cou	eniors		12/15
eople are ill it out, a	filing together, both are equ	ally responsible for supplying boxes on the left. Attach the	ng correct informa	as complete and accurate as possible. If two married ation. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write
1. Do :	you have any codebtors? (If	you are filing a joint case, do i	not list either spous	e as a codebtor.
■ No				
☐ Yes				
	h in the last 8 years, have yo t a, California, Idaho, Louisiana			ory? (Community property states and territories include hington, and Wisconsin.)
□ No.	Go to line 3.			
Yes	. Did your spouse, former spo	use, or legal equivalent live wi	ith you at the time?	
	□ No			
	Yes.			
	In which community stat	e or territory did you live?	-NONE-	. Fill in the name and current address of that person.
	Name of your spouse, former sp Number, Street, City, State & Zip			
in line Form	2 again as a codebtor only i	f that person is a guarantor	or cosigner. Make	or if your spouse is filing with you. List the person shown e sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
_				☐ Schedule G, line
	Number Street City	State	ZIP Code	
NW-11				
3.2	Name			Schedule D, line
'	Nati ic			☐ Schedule E/F, line ☐ Schedule G, line
=	Number Street			Solidate O, title
	City	State	ZIP Code	

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Schedule H: Your Codebtors

Eil	in this information to identify your o	350		rénnés.	W.T.	ſ			
	btor 1 MISHELL RI								
	btor 2 buse, if filing)								
Uni	ited States Bankruptcy Court for the	: DISTRICT OF ARIZO	INA						
	se number nown)		+			Check if this is An amendo A supplem	ed filing ent showin		
0	fficial Form 106I							ollowing date:	
	chedule I: Your Inc	ome				MM / DD/`	7 7 7 7		12/15
sup spo	as complete and accurate as pose plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	are married and not fili r spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse ide infoi	is li mat	ving with you, inc on about your sp	lude infor ouse. If m	mation abou ore space is	t your needed,
1.	Fill in your employment information.		Debtor 1			Debtor :	? or non-fi	ling spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	☐ Not employed		
	employers.	Occupation	CUSTOMER SE	RVICE					
	Include part-time, seasonal, or self-employed work.	Employer's name	STATE OF ARIZ	ZONA					
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed to	here? 6 MON	THS					
Par	t 2: Give Details About Mor	thly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to	report foi	any	line, write \$0 in the	e space. In	clude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	on for all	emp	loyers for that pers	on on the I	lines below. If	you need
						For Debtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,665.00	\$	N/A	
3.	Estimate and list monthly overt	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$	2,665.00	\$	N/A	

				For	Debtor 1		or Debtor		
	Copy	/ line 4 here	4.	\$	2,665.00	\$		N/A	1
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	329.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	8-4
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	- Control of the Cont
	5e.	Insurance	5e.	\$	195.00	\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
	5g.	Union dues	5g.	\$	0.00	S		N/A	
	_		5h.+		0.00			N/A	
^	5h.	Other deductions. Specify:	-	*		3.5			-
6. ~		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		524.00	\$		N/A	
7.	Calci	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,141.00	\$		N/A	<u></u>
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		N/A	
	0h	Interest and dividends	8b.	\$	0.00	\$		N/A	
	8b.	Family support payments that you, a non-filing spouse, or a dependent	UD.	Ψ	0.00	Ψ		IN/ P	
	8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$_		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	\
	8e.	Social Security	8e.	\$	0.00	\$		N/A	\
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$_		N/A	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$		N/A	1
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_		N/	A
10	Calci	ulate monthly income. Add line 7 + line 9.	10. \$		2,141.00 + \$		N/A	= \$	2,141.00
, 0.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	V		2,141.00		IVA	" =	2,141.00
11.	State Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	deper						0.00
12.		the amount in the last column of line 10 to the amount in line 11. The res that amount on the Summary of Schedules and Statistical Summary of Certaines						\$	2,141.00
								Combi	ned
13.	Do yo	ou expect an increase or decrease within the year after you file this form? No.	?					month	ly income
		Yes. Explain:							
		*							

	in this informs	tion to identify ye	out oggo:	7.000 HARRISTON						
		ition to identify yo								
Det	otor 1	MISHELL RIV	VERA			C		if this is: n amended filing		
Det	otor 2						•	•	ving postpetition cha	apter
(Sp	ouse, if filing)						13	3 expenses as of	the following date:	
Unit	ted States Bankr	uptcy Court for the:	DISTRI	CT OF ARIZONA			M	M / DD / YYYY		
	se number (nown)				=					
0	fficial Fo	rm 106J								
S	chedule	J: Your I	Exper	ises						12/15
Be infe	as complete a	and accurate as	possible. eded, atta	. If two married people a ch another sheet to this	re filing together, b form. On the top o	oth are e f any add	equa	lly responsible fon al pages, write y	or supplying correct our name and cas	ct se
200		ibe Your House	hold							
1.	Is this a joir									
	No. Go to		in a aanar	ate household?						
	Li res. Doe		ın a separ	ate nousenoid?						
		=	st file Offici	al Form 106J-2, Expense	s for Separate House	ehold of E	Debto	or 2.		
_	D		See 1	•	·					
2.	•	e dependents?	Mo							
	Do not list Do and Debtor 2		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	the			SWELLOW TO SERVE THE RES	SHOOLKER	12010	Name and Address of the Owner, when the Owner, when the Owner, when the Owner, where the Owner, where the Owner, when the Owner, where the Owner, which is the Owner, where the Owner, which is	□No	
	dependents								☐ Yes	
									□ No	
									☐ Yes	
									□ No	
					-				□ Yes □ No	
									□ Yes	
3.	Do your exp	enses include		No					L 103	
		f people other ti d your depender	han 🖂	Yes						
		ate Your Ongoi								
exp	timate your ex penses as of a plicable date.	penses as of your date after the b	our bankri pankruptc	uptcy filing date unless y y is filed. If this is a sup	you are using this fo plemental <i>Schedule</i>	orm as a J, chec	sup k the	plement in a Cha box at the top o	pter 13 case to rep f the form and fill i	oort in the
Inc	lude expense	s paid for with r	non-cash	government assistance	if you know					
	value of such		d have inc	cluded it on Schedule I:	Your Income			Your expe	nses	
(OI	iiciai Fomi 10	01.)				500	19000	ALCOHOLOGICA MARKETINE		
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgag	e 4.	\$		1,200.00	
	If not includ	led in line 4:								
	4a. Real e	state taxes				4 a.	\$		0.00	
		rty, homeowner's				4b.			0.00	
			-	ipkeep expenses		4c.			0.00	
5.		owner's associat n ortgage pavm e		aominium dues p ur residence, such as ho	ome equity loans	4 d. 5.	\$ \$		0.00	
					,,	٠.			0.00	

Official Form 106J Schedule J: Your Expenses page 1

Fill in this inform	nation to identif	your case:						
Debtor 1	MISHELL RI	VERA Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bar	ikruptcy Court to	r the: DISTRICT OF AR	IZUNA					
Case number (if known)					☐ Check if this is an amended filing			
Official Form								
Declarati	on Abou	ut an Individu	ual Debtor's	Schedules	12/15			
If two married peo	ople are filing to	gether, both are equally	responsible for supplying	ng correct information.				
obtaining money years, or both. 18	or property by f				ntement, concealing property, or 2000, or imprisonment for up to 20			
Did you pay	or agree to pay	someone who is NOT ar	attorney to help you fil	out bankruptcy forms?				
□ No								
Yes. Na	ame of person	MARK BLUEMKE			nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)			
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X MISHELL RIVERA Signature of Debtor 2								
	of Debtor 1		Oignac					
Date			Date					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fil	l in this inforr	nation to identify you	r case:								
	btor 1	MISHELL RIVER									
		First Name	Middle Name	Last Name							
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name							
		nkruptcy Court for the:	DISTRICT OF ARIZON	A							
011	ited Otates Da	intraptely Court for the.	DIGITAL OF ACCESS								
	se number nown)					Check if this is an amended filing					
01	fficial Fo	rm 107									
St	atement	of Financial	Affairs for Indivi	duals Filing for E	ankruptcy	4/19					
info nun	ormation. If mender (if knowr	ore space is needed, n). Answer every ques	attach a separate sheet t	e are filing together, both ar o this form. On the top of a							
1.		current marital statu									
	_										
	■ Married □ Not mar	ried									
2.	During the la	During the last 3 years, have you lived anywhere other than where you live now?									
	12000	■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.									
		ior Address:	Dates Debtor lived there			Dates Debtor 2					
	20244 N 37 APT#2082 Phoenix, A		From-To: 11-2013/11-2	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:					
3. stat	es and territori	es include Arizona, Ca		egal equivalent in a commu levada, New Mexico, Puerto F Official Form 106H).							
Pai	rt 2 Explain	n the Sources of You	r Income								
4.	Fill in the tota	I amount of income yo	u received from all jobs and	ing a business during this y d all businesses, including par ive together, list it only once u	t-time activities.	calendar years?					
	□ No										
		in the details.									
			Debtor 1		Debtor 2						
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Ш	No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a	an
		individual primarily for a personal, family, or household purpose."	

paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to

an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe Was this payment for ...

Official Form 107

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Person Who Was Paid Address

Email or website address Person Who Made the Payment, if Not You

AFFORDABLE DOCUMENTS AZ LLC

60 E RIO SALADO PKWY

SUITE 900 Tempe, AZ 85281 Description and value of any property

transferred

Date payment or transfer was made

Amount of payment

01-17-20

\$200.00

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

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17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	itors or to make paymer			r transfer any prop	erty to anyone who					
	■ No										
	Yes. Fill in the details.										
	Person Who Was Paid Address	Description and transferred	l value of any prop	erty	Date payment or transfer was made	Amount o					
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not										
	include both outright transfers and transfers include gifts and transfers that you have alre			ecunty interes	t or mortgage on you	ы ргорену). Во пос					
	Yes. Fill in the details.										
	Person Who Received Transfer Address	Description and property transfe			ny property or eceived or debts hange	Date transfer was made					
	Person's relationship to you				_						
19.	beneficiary? (These are often called asset-	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)									
	■ No □ Yes. Fill in the details.										
	Name of trust	Description and	value of the prope	erty transferre	d	Date Transfer was					
		•				made					
Pai	int 8: List of Certain Financial Accounts,	Instruments, Safe Depo	sit Boxes, and Stor	rage Units							
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage										
	houses, pension funds, cooperatives, ass				ares III bariks, cred	iii uiiiolis, biokerage					
	Yes. Fill in the details.										
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	cios mov	e account was ed, sold, red, or sferred	Last balance before closing o transfe					
21_	Do you now have, or did you have within cash, or other valuables?	1 year before you filed f	or bankruptcy, any	safe deposit	box or other depos	sitory for securities,					
	No Yes. Fill in the details.										
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number, State and ZIP Code)		escribe the c	ontents	Do you still have it?					
22.	Have you stored property in a storage uni	it or place other than yo	ur home within 1 ye	ear before yo	u filed for bankrupt	cy?					
	■ No □ Yes. Fill in the details.										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has of to it? Address (Number, State and ZIP Code)		escribe the c	ontents	Do you still have it?					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

MARK BLUEMKE

Official Form 107

□ No

Yes. Name of Person

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this infor	mation to identify your	case:	建设的 提供。是接触和基础系统制度全部	
Debtor 1	MISHELL RIVERA		Last Name	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF AF	RIZONA	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo	orm 108			•
		n for Indiv	viduals Filing Under Chapte	er 7 12/15
If you are an ind	ividual filing under cha	pter 7, you must fi	Il out this form if:	
creditors hav	e claims secured by yo	ur property, or		
You must file thi	ever is earlier, unless th	ithin 30 days after	not expired. you file your bankruptcy petition or by the date so time for cause. You must also send copies to the	
	eople are filing together	in a joint case, bo	oth are equally responsible for supplying correct	information. Both debtors must
	and accurate as possib our name and case nun		s needed, attach a separate sheet to this form. Or	n the top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims		
	ors that you listed in Pa		Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
	editor and the property t	hat is collateral	What do you intend to do with the property that secures a debt?	t Did you claim the property as exempt on Schedule C?
	XETER FINANCE CO	RP	☐ Surrender the property.	□ No
name:			Retain the property and redeem it. Retain the property and enter into a	■ Yes
•	2017 NISSAN ALTI miles	MA 55,000	Reaffirmation Agreement.	
property securing debt:			☐ Retain the property and [explain]:	=
Part 2 List Yo	our Unexpired Persona	Property Leases		
For any unexpire in the information	ed personal property lea on below. Do not list rea	ase that you listed Il estate leases. Ui	in Schedule G: Executory Contracts and Unexpir nexpired leases are leases that are still in effect; t the trustee does not assume it. 11 U.S.C. § 365(p)	he lease period has not yet ended.
Describe your u	mexpired personal prop	perty leases		Will the lease be assumed?
Lessor's name: Description of lea	ased			□ No
Property:				☐ Yes
Lessor's name: Description of lea	ased			□ No
Property:				☐ Yes
Lessor's name:				□ No
Official Form 108		Statement of Ir	ntention for Individuals Filing Under Chapter 7	page 1

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Best Case Bankruptcy

Debtor 1 MISHELL RIVERA	Case number (if known)							
Description of leased Property:	☐ Yes							
Lessor's name:	□ No							
Description of leased Property:	☐ Yes							
Lessor's name:	□ No							
Description of leased Property:	☐ Yes							
Lessor's name:	□ No							
Description of leased Property:	☐ Yes							
Lessor's name:	□ No							
Description of leased Property:	☐ Yes							
Part 3: Sign Below								
Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.								
X MISHELL RIVERA	X Signature of Debtor 2							
Signature of Debtor 1	-							
Date 1/34/3-30	Date							

Statement of Intention for Individuals Filing Under Chapter 7

page 2

Official Form 108

Best Case Bankruptcy